

Approved Vendor List

THE FOLLOWING COMPANIES AND REPRESENTATIVES HAVE BEEN APPROVED AS 403B VENDORS. THE DISTRICT ASSUMES ABSOLUTELY NO LIABILITY FOR YOUR CHOICE IN A VENDOR. IT IS YOUR RESPONSIBILITY TO DETERMINE THE BEST VENDOR FOR YOUR SEPCIFIC SITUATION. ANY LOSSES OR HARM INCURRED DUE TO A VENDORS ACTIONS ARE NOT THE RESPONSIBILITY OF THE DISTRICT.

American Funds	Doug Bambeck Lee Brown John Nelson Joe Rutkowski Jeff White Kiley Kendall	dbambeck@invp.com leebrown@adelphia.net nelson.john@lpl.com 330-364-4468 jrutkowski@regalsecurities.com jwhite@agsecurities.com kiley.kendall@edwardjones.com
Met Life	Lance Ference Kiley Kendall	lference@metlife.com kiley.kendall@edwardjones.com
National Group Life	Joe Rutkowski	jrutkowski@regalsecurities.com
AXA	Keith Lockwood Angela Anderson Craig Fishel	330-865-0011 angela.anderson@axa-advisors.com 330-247-8903 craig.fishel@axa-advisors.com
Ohio National Insurance	Contini Financial	contini5@tusco.net
Voya	Tom Lackman	tom.lackman@ingfa.com
Mutual Funds-403bASP	Lee Brown	leebrown@adelphia.net jrutkowski@regalsecurities.com jwhite@agsecurities.com

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NEW PHILADELPHIA CITY SD
403(B) PLAN
403(b) PLAN
SALARY REDUCTION AGREEMENT

Account Information

Name _____
Address _____
City _____ State _____ Zip _____
Social Security Number _____ - _____ - _____
Check one: New Agreement Change Elect-Not To Defer
Vendor _____

Salary reduction/deferral amount. This Agreement is effective immediately upon acceptance by the Plan Administrator, and I may modify the Agreement at any time. I authorize the Employer to withhold from my Compensation (and treat as my deferrals) the following amount:

- \$ _____ or _____ % per pay.
 I elect to make catch-up deferrals in the amount of \$ _____.
 Zero. I hereby terminate my prior Salary Reduction Agreement. [Note: If you have no Salary Reduction Agreement presently in effect and wish not to defer, do not complete this Agreement. Elect "zero" only if you wish to terminate deferrals under a prior Salary Reduction Agreement now in effect.]

Compensation to which Agreement applies. I elect to make deferrals from the following portion of my Compensation:

- Total Compensation. My total Compensation (including bonus and other irregular amounts).
 Total Compensation excluding bonus. My total Compensation, but excluding bonus.
 Bonus only. My Compensation consisting only of the following bonus amount(s): \$ _____ [identify by amount(s), payroll date(s), etc.]. In making this election, I do not intend to change my existing Salary Reduction Agreement (if any) as to Compensation other than the bonus described in this Agreement.
 Other: _____

Type of deferral. I elect to make:

- Pre-tax deferrals. All of my deferrals as pre-tax deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current Compensation includible in income for the taxable year of the deferral.
 Roth (after-tax) deferrals. All of my deferrals as Roth (after-tax) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current Compensation includible in income and that my deferrals will be includible in income for the taxable year of the deferral.
 Split deferral election. A portion of my deferrals as pre-tax deferrals and a portion of my deferrals as after-tax Roth deferrals, as follows (if you check the "Split deferral election" box, check 1 and only 1 of the 2 boxes below, and complete both blank lines under the checked box):
 \$ _____ as pre-tax deferrals, AND \$ _____ as Roth (after-tax) deferrals [Note: in both blanks indicate at least \$ _____ and specify a whole dollar amount].

Deferrals irrevocable once made. I understand: (1) my election regarding the type of deferrals is irrevocable once the employer withholds the deferrals from my paycheck; and (2) any change of election regarding the type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Authorization

Signature of Employee _____ Date _____ Signature of Representative of Plan Administrator _____ Date _____

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR